

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-0197147

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3043 Registrar's No. 1246

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10745

267452

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 28 1962

1. PLACE OF DEATH

a. COUNTY Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Maryville

Length of stay in 1b
4 months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 418 South Main

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Nodaway

c. CITY OR TOWN Maryville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
418 South Main

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
WINNETTA E. CLEMENT

4. DATE OF DEATH
Month Day Year
5 21 62

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/13/06

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

L. P. Nurse

10b. KIND OF BUSINESS OR INDUSTRY

Nursing

11. BIRTHPLACE (City and state or country)

Westboro, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

George Bentley

13b. MOTHER'S MAIDEN NAME

Susie Ann Barger

14. NAME OF HUSBAND OR WIFE

Milton Lott Clement, dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
George Clement, Maryville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral vascular
hemorrhage with hyper-
tensive vascular disease

INTERVAL BETWEEN
ONSET AND DEATH

15 min

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

5/21/62
6:30 A.

to 5-21-62

and last saw her alive on 9-19-58

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W C Bauman M. D.

22b. ADDRESS

Maryville, Missouri

22c. DATE SIGNED

5/21/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

5/24/62

23c. NAME OF CEMETERY OR CREMATORY

Center Grove

23d. LOCATION (City, town, or county)

Westboro, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Price Funeral Home, Maryville, Mo.

25. DATE RECD. BY LOCAL REG.

5-21-62

26. REGISTRAR'S SIGNATURE

Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

OCT 2 1962

JUN 12 1962

SEP 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. M. Merrick

Licensed Embalmer No. 5188

P. O. Address Chapinville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.